



2006 Summer "ACE" Program
Therapeutic Recreation Services
Roanoke County Parks, Recreation & Tourism

Registration Form

3738 Brambleton Ave. SW, Roanoke VA 24018
540.772.7529 ext. 227 540.772.7548 (TTY) or msmith@RoanokeCountyVA.gov

Please review **all** information in the ACE brochure **before** completing this form. Registration is not considered complete unless all forms and deposit accompany this form. **ALL NEW participants of ACE must also schedule a screening interview to determine appropriateness before registration will be considered complete.**

Participant Information:

Name: _____ Age: _____ Date of Birth: _____ Sex: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Other Phone: _____
Residency: (circle) Roanoke County Roanoke City Salem Other: _____
Name of School participant attends: _____
School Address: _____ Phone: _____

B: Parent/Guardian Information:

Mother/Guardian Name: _____ Home Phone: _____
Address: _____ Mobile/Pager: _____
Place of Employment: _____ Work Phone: _____
Father/Guardian Name: _____ Home Phone: _____
Address: _____ Mobile/Pager: _____
Place of Employment: _____ Work Phone: _____

C: Authorized Pick-up: (Must be 16 years of age & over)

The following are authorized to pick up my child. Attach additional sheet if needed.

Name: _____ Relationship: _____
Name: _____ Relationship: _____

D. Emergency Information: List 1 family member (non parent) & 1 other than family. Two contacts **MUST** be listed.

Name: _____ Name: _____
Address: _____ Address: _____
Phone: (h) _____ (w) _____ Phone: (h) _____ (w) _____
Relationship: _____ Relationship: _____
Participant's Physician: _____ Phone: _____
Preferred Hospital: _____
Insurance Carrier/Policy number: _____

Participant's Personal Medical History:

Applicant must have a developmental disability such as mental retardation, autism, or PDD.

(Attach documentation of a developmental disability from participant's physician or psychologist)

Primary Diagnosis:_____

Secondary Diagnosis:_____

General functioning level:_____

Does participant have a physical disability? (circle) Yes No

Does participant use (circle) wheelchair walker cane crutches other:_____

If specialized equipment is used, please list and give instructions for use: (attach additional sheets if necessary)

Check areas that apply to the participant and **explain symptoms, treatments, and actions to take.**

___ Seizures:_____

___ Visual Impairment:_____

___ Hearing Impairment:_____

___ Speech Disorder:_____

___ Method of Communication:_____

___ Allergies or Intolerances:_____

___ Asthma:_____

___ Respiratory Disorders:_____

___ Diabetes:_____

___ Surgery (give type and date):_____

___ Screened for Atlanto Axial Instability:_____

 Date of Screening and Physician:_____

___ Special Dietary Requirements:_____

___ Contagious Diseases (HIV, AIDS, Hepatitis):_____

Personal Care Needs: (see "ACE" brochure for more information)

Please circle the areas in which the participant needs assistance and explain below.

Please note the areas of personal care not provided (listed in the ACE brochure).

DRESSING	TOILETING	DIAPERING	TRANSFERRING	POSITIONING
FEEDING	PERSONAL HYGIENE	MEDICATION	WHEELCHAIR	OTHER (list below)

Please explain circled areas of personal care: (attach additional sheet if needed)_____

Medication Administration:

Is the participant currently taking medications? ____YES ____ NO

Please list the name & dosage of prescription & non-prescription drugs:(attach additional sheet if needed)

Is assistance needed administering these medications? ____YES____NO

If yes, a request for medication administration form must be completed. These forms are enclosed in the ACE Parent Handbook, distributed to parents after their child has been accepted into ACE.

Emotional/Social/Behavioral Information:

Please explain the following:

How does the participant interact in groups:_____

What are some favorite activities/interests/hobbies:_____

What activities does the participant dislike:_____

Please list and explain any activities which the participant should not attempt:_____

Is your child generally: cooperative?____ shy?____ competitive?____ aggressive?____ sensitive?____
happy?____ angry?____ independent?____

List other behavior characteristics of the participant:_____

Please list areas of frustration for the participant:_____

What types of discipline are used and which are most effective:_____

List some positive reinforcements:_____

What teaching methods are most effective:_____

Please list any other information, which will assist ACE staff, while working with the participant:

Please list daily living skills performed by the participant:_____

Releases and Explanatory Information:

In accordance with section 8.01-40 of the Code of Virginia, I hereby give permission to be photographed during this activity, and I give the department permission to use or distribute such photographs and identification.

Must Check Yes or No ☐ Yes ☐ No

I, the undersigned, do hereby agree to participate in or allow the individual named herein to participate in the aforementioned activity. I assume all risks and liability that may arise from my or my child's involvement and participation in this activity. I understand that this program carries the possibility of physical injury and may involve physical activity that may be strenuous and there are risks inherent in this recreational activity. With regard to the activity to which this form applies, nothing shall be construed to grant an expressed or implied warranty of safety. I further understand that Roanoke County and its officers, agents, and volunteers are not liable for any injury that may result from the negligence of persons conducting this program.

Roanoke County recommends that participants secure adequate medical insurance to cover any injury that may arise from participation in Roanoke County's recreation programs. I understand that the information on this registration form will be used to provide information and registration for Therapeutic Recreation Services of Roanoke County Parks, Recreation and Tourism. I further understand that the information will be kept confidential and may not be shared without my permission unless an emergency, the law, or other regulations require seeing it.

I authorize the staff of the Summer ACE Program to seek emergency medical care as necessary, if I cannot be located immediately.

I will arrange to have my child picked up from ACE, in the event my child becomes ill, or is suspended or removed from ACE due to discipline problems.

All acceptances are conditional and Roanoke County Parks, Recreation & Tourism, reserves the right to remove a participant from the program due to behavior/discipline problems or non-payment of fees.

I have read and understand Releases and Explanatory Information as stated above and hereby wish to enroll (participant name): _____ in the Summer "ACE" Program.

Signature (Parent/Guardian): _____ Date: _____